

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Benjamin B. Kimia, Frederic Fol-Leymarie and Huseyin Tek
Serial No.: Unassigned
For: METHOD AND APPARATUS FOR MULTI-DIMENSIONAL SHAPE
REPRESENTATION VIA SHOCK FLOWS
Filing Date: Herewith
Examiner: Unassigned
Art Unit: Unassigned



UTILITY PATENT APPLICATION TRANSMITTAL

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Date: October 2, 2003

By: Tammy L. Rosado
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MAIL STOP: PATENT APPLICATION

Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing is a patent application entitled:

**METHOD AND APPARATUS FOR MULTI-DIMENSIONAL SHAPE
REPRESENTATION VIA SHOCK FLOWS**

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Named Inventor(s) / Inventor Address(es) / Inventor Citizenship(s):

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Enclosed is/are:

- [x] Transmittal Letter including fee calculations (this form, 4 pages) (in duplicate), Total Pages: 8;
- [x] Utility Patent Application including 23 Claims (4 Independent, 19 dependent), Total Pages: 39;
- [x] Drawings: [x] Formal, [] Informal (Figs: 1,2,3,4,5,6A,6B,6C,6D,6E,6F,7,8A,8B,9,10,11, 12,13,14A,14B,14C,15,16,17A17B,18,19A,19B,19C), Total Sheets:26;
- [x] Newly Executed Oath/Declaration/Power Of Attorney, Total Pages:6;
- [x] Assignment Papers (Assignment Recordation Cover Sheet 1 page, Copy of Assignment Document 8 pages), Total Pages: 9;
- [x] Return Receipt Pre-paid Postcard (in duplicate), Total Postcards: 2;
- [x] Authorization to Charge Deposit Account No. 50-0901, if Required;
- [x] Check in the amount of: \$950.00, with fee amounts calculated as follows:

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CLAIMS	Number Filed	Number Extra	Rate	Calculations
Total Claims	23-20 =	3	3x \$18	\$54.00
Independent Claims	4-3 =	1	1x \$86	\$86.00
Multiple Independent Claims			+ 260 =	\$0.00
BASIC FILING FEE =				\$770.00
Total of Above Calculations =				\$910.00
Assignment Recordation Fee =				\$40.00
TOTAL FEE FOR THIS PATENT APPLICATION =				\$950.00

Please direct all telephone calls and address all correspondence to:

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If the enclosed fee is insufficient or if there is an overpayment of the enclosed fees, the balance and/or credit may be charged and/or credited to the account of the undersigned, Deposit Account No. 50-0901.

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If the enclosed papers or fees are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned collect at (508) 366-9600, in Westborough, Massachusetts.

Respectfully submitted,

By: *Christine M. Kuta*
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